

Please return to:  
Office of the Attorney General  
323 Center Street, Suite 1100  
Little Rock, AR 72201

**OFFICE OF THE ARKANSAS ATTORNEY GENERAL**  
**Identity Theft Passport Request**  
**VICTIM INFORMATION SHEET**

Questions? 800-448-3014  
501-682-3646

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS:** \_\_\_\_\_ **PHONE: H: (\_\_\_\_) \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_\_**

\_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_

\_\_\_\_\_  
**SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

\_\_\_\_\_ **zip** \_\_\_\_\_ **RESIDENT OF AR: YES \_\_\_\_\_ NO \_\_\_\_\_**

**E-MAIL** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**AR DRIVER'S LICENSE #:** \_\_\_\_\_

(MUST ATTACH PHOTO COPY OF AR DRIVER'S LICENSE)

**DATE YOU BECAME AWARE OF THEFT:** \_\_\_\_\_

**COUNTY/CITY & STATE WHERE THEFT OCCURRED (if known):** \_\_\_\_\_

**RESIDENT OF ARKANSAS AT TIME OF INCIDENT? YES \_\_\_\_\_ NO \_\_\_\_\_**

**AR LOCALITY WITH WHICH YOU FILED POLICE REPORT** \_\_\_\_\_

**NAME & PHONE NUMBER OF OFFICER WHO TOOK YOUR REPORT** \_\_\_\_\_

**HAS THE PERSON WHO STOLE YOUR INFORMATION BEEN IDENTIFIED? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF SO, HAS THE SUSPECT BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_**

**IF YES, GIVE THE NAME OF THE SUSPECT** \_\_\_\_\_

**TYPE OF THEFT/INVOLVEMENT: (Circle all that apply)**

<i>Credit Card(s)</i>	<i>SSN Misuse</i>	<i>Driver's Lic</i>	<i>Passport Stolen</i>	<i>Checks</i>	<i>Mail</i>
<i>ATM</i>	<i>Income Tax Fraud</i>	<i>Civil/Crim Judgment</i>	<i>Ins. Coverage</i>	<i>Ind. Dept. Store Accts.</i>	<i>Other</i>

**PLEASE READ BEFORE SIGNING:**

**PLEASE KNOW THAT, IN ACCORDANCE WITH A.C.A. §5-54-122 FILING A FALSE REPORT TO A LAW ENFORCEMENT AGENCY IS A CLASS A MISDEMEANOR OR A CLASS D FELONY, DEPENDING ON SPECIFICS. VIOLATORS OF THIS PROVISION WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.**

**FOR THIS APPLICATION TO BE CONSIDERED, THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION.**

- ☐ The law enforcement report of the incident.
- ☐ A current passport photograph of yourself that can be used on the Passport
- ☐ A copy of your current AR Driver's License
- ☐ A brief description of the incident of your ID Theft attached
- ☐ Other additional documentation you submit or which may be requested by the Office of the Attorney General.

BY SIGNING THIS REPORT, I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE. I ACKNOWLEDGE THAT I DID FILE AN ACCURATE AND TRUE LAW ENFORCEMENT REPORT OF THIS INCIDENT, A COPY OF WHICH IS ATTACHED.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Notary Public:** \_\_\_\_\_

**Witness my hand and sealed, this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.**

**My Commission Expires:** \_\_\_\_\_